



LCEC, Inc. dba

Long Creek Equestrian Centre'

2000 Longtown Road East

Blythewood, SC 29016

(803) 786 – 8400 barn (803) 788 – 3727 fax

LongCreekEquus@aol.com www.LongCreekEquestrianCentre.com

SUMMER FUN HORSE BACK RIDING CAMP

Come learn about horses with Long Creek Equestrian Centre! Campers should be between the ages 5 & 16. If you know a lot about horses or nothing at all, it is still a lot of fun! We do riding each day, arts and crafts, the campers get a plethora of knowledge and experience, but most of all the camp is ALL hands on! We also have dogs, cats and several other cuddly critters which they will get to interact & learn about...

- The camps are from 8:30 AM – 1:30 PM!
- Ages 5 - 16 years.
- We provide lunch daily.
- The first session, Monday, please arrive at 8:15 AM to fill out a release form.
- If campers need or want additional drinks, bug spray, or snacks – Please make sure to bring these items.
- Each participant **MUST** wear pants, sturdy lace up shoes, sleeves on shirts ex: t-shirts (no strapless or spaghetti straps) ~ they cannot participate in riding, if they do not dress appropriately. Please dress appropriate for the weather each day.
- All camps are held at our facilities; rain or shine... we have a covered arena!

All sessions are open to any age of rider... On Monday, they are evaluated in their ability of riding and handling the horses. From then on each group riding is of similar riding abilities – not necessarily age. Their activities and task will challenge the skill and level of riding they are!!!

Camp Dates:

1. Camp #1 ~ June 14th – 18th (Mon – Fri) \$ 325
2. Camp #2 ~ June 21st – 23rd (Mon – Wed) \$195
3. Camp #3 ~ July 12th – 16th (Mon – Fri) \$325
4. Camp #4 ~ July 26th – July 30th (Mon – Fri) \$325
5. Camp #5 ~ Aug 02nd - Aug 6th (Mon – Fri) \$325
6. Camp Single Day Options ~ Daily \$ 80/day

Please remember: Camps must be pre registered to assure the proper numbers! There is a \$50 non-refundable deposit. This money does apply to your camp session. The price for camp is listed above for the session. We do have to have 4 kids to hold each camp session...

Katelyn Purcell - Blackwell :: Manager, Riding Instructor & 4-H Leader

2000 Longtown Road East - Blythewood, SC 29016

[803.786.8400](tel:803.786.8400) (barn) | [803.261.5500](tel:803.261.5500) (cell) | LongCreekEquus@aol.com

Find us on social media ::

Web Page <https://longcreekequestriancentre.com>

Instagram: [longcreekequestrian_lcec](https://www.instagram.com/longcreekequestrian_lcec)

#longcreekequestriancentre

#longcreekeques

www.facebook.com/LongCreekEquus ****Friend page****

www.facebook.com/LongCreekEquestrian ****Fan page****



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Rider's Information:

Name: _____

Birthday: _____ Age: _____

Shirt Size: Youth S M L XL Adult S M L XL

Previous Riding Experience: _____

If so what kind? _____

Allergies: _____

Food: _____

Disabilities: _____

Parent's Information:

Name (s): _____

Address: _____

Phone #: _____ Cell #: _____

E-Mail Address: _____

Emergency Information: (NOT THE PARENTS OF THE CHILD – in case something happens to you)

Person to contact: _____

Relationship to Rider: _____

Phone # (s): _____

Camp Sections:

- Camp #1 ~ June 14th – 18th (Mon – Fri) LCEC, Blythewood, SC
- Camp #2 ~ June 21st – 23rd (Mon – Wed) LCEC, Blythewood, SC
- Camp #3 ~ July 12th – 16th (Mon – Fri) LCEC, Blythewood, SC
- Camp #4 ~ July 26th – July 30th (Mon – Fri) LCEC, Blythewood, SC
- Camp #5 ~ Aug 02nd - Aug 6th (Mon – Fri) LCEC, Blythewood, SC
- Camp Single Day Options ~ Daily \$80/day LCEC, Blythewood, SC

Check here for Attendance

RIDER RELEASE

I am aware that riding horses in an athletic event poses potentially serious risk of harm, injury, or death. I understand that I may be injured as a result of my negligence, the negligence of others, or through no fault of my own or others because of the fact that riding or being in an environment with horses is potentially dangerous. I hereby agree to indemnify, defend, and hold harmless Long Creek Equestrian Centre, its employees, spectators, and volunteers from and against harm, injury, death or damages to property. I may sustain as a result of my riding and taking lessons. I agree that I have read this paragraph, understand its terms and agree to be bound by it.

Under South Carolina Law, an equine activity sponsor or equine professional is not liable for the injury to or the death of a participant in equine activities due to the inherent risk of equine activity pursuant to ARTICLE 7, CHAPTER P, OR TITLE 47. CODE of LAWS OF SOUTH CAROLINA 1976.

Signature of Rider: _____ Date: _____
If Under the age of 18, must be signed by parent of guardian

Signature of Guardian: _____ Instructor Accepted: _____

I also give permission for LCEC staff to take pictures of participant and spectators. These pictures can for future promotional use. Initials: _____

CHILDREN/ FAMILY ADDENDUM :



It is understood that an additional siblings and family members who accompany the above rider to the farm, will be bound by the same rules and regulations as the rider. The following family members accompany the above rider to the farm.

- 1. _____ DOB _____
- 2. _____ DOB _____
- 3. _____ DOB _____
- 4. _____ DOB _____

I, _____ give my children listed above, permission to do the following activities located on the property of the farm. Please circle which response for each activity.

PLEASE CIRCLE "DO OR DO NOT"

- 1. I do / do not allow my child to swing on the tire swing.
- 2. I do / do not allow my child to play on the swing set/jungle gym/play set.
- 3. I do / do not allow my child to interact, play, pet the other farm animals.
- 4. I do / do not allow my child to jump on the trampoline (with staff permission).
- 5. I do/ do not allow my child to swim in the lake or pool (depending on numbers in camp).
* My child CAN or can NOT swim without help or flotation devices?

It is also understood that the faculty and staff are ONLY responsible for the person scheduled to be there at that time, and not their family members. They are to be accompanied by an adult at all times while on the

premise and are NOT to go into closed doors, posted areas, or animals enclosures! Early drop off (prior to 8:15) and late pick up (after 1:40) will result in \$1/minute charge. _____ **(Sign)**

CHILD WAIVER OF THE MINOR :: It is hereby agreed that if anyone else brings suit, other than person signing release, the signer will cover the farms legal defense.

Signature : _____ **Printed Name** : _____

Family of _____ 'student' Dated : _____

PETTING ZOO WAIVER OF LIABILITY Warning: By signing this agreement, you give up the right to sue for any injury or damages howsoever caused, Long Creek Equestrian Centre'/Lil' Buddies Learning Zoo/LCEC, Inc., (hereinafter referred to collectively as "The Farm.") and owners, employees, representatives, officers, and agents (hereinafter referred to collectively as "Employees"). I, _____ hereby sign this agreement on behalf of myself, my child, my personal representatives, heirs and assigns.

1. I agree as a precondition to my participation in a instructed lesson, pony ride, camp session, petting zoo, field trip or Spend the Day, Birthday Party (hereinafter referred to collectively as "The Event") event organized by The Farm and or its Employees, conducted by the Farm or its Employees, and in further consideration of The Farm allowing me to do so, to be strictly bound by the terms of this Waiver, Assumption of Risk and Indemnity Agreement (hereinafter referred to collectively as "This Agreement")
2. It is understood that an additional siblings and family members who accompany the above rider to the farm, will be bound by the same rules and regulations as the rider. *See attached addendum* _____ **INITIALS**
3. I acknowledge that equine & animal related activities including but not limited to pony rides and petting zoo activities, involve inherent risks that may cause serious injury and possibly death to participants.
4. I fully understand the risks and dangers associated with my child's (or my personal representative, heirs or assigns) participation, in The Event, and accept same entirely at my own risk.
5. I hereby waive any and all claims, which I may have against The Farm, and/or its Employees, and release The Farm and its Employees from all liability for injury, death, property damage, or any other loss sustained by me or my child (or the child I am representing) as a result of my/their participation in the Event, due to any cause whatsoever including, without limitation, negligence on the part of The Farm or its Employees, for any and all legal fees (on a solicitor and his own client basis) or costs, which may be incurred in defending any lawsuit or claim I may bring against them.
6. I appreciate that This Agreement applies whether The Farm is at fault or not and it limits the liability of The Employees to the same extent as it limits the liability of The Farm even though The Employees are not formal parties to This Agreement. I understand, further, that The Farm in securing execution of This Agreement by myself is acting as agent or trustee on behalf of or for the benefit of The Employees who shall to this extent be or be deemed to be parties to This Agreement. I have read and understand this agreement, I understand that this document contains a promise not to sue The Farm or The Employees and release and indemnify same for all claims.

SIGNATURE OF PARENT/GUARDIAN

SIGNATURE OF PARTICIPANT
Must be 18 years or older

DATE



WAIVER / RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT : In signing below and in consideration of being allowed to participate on behalf of LCEC, Inc. dba Long Creek Equestrian Centre', LCEC. Inc. and/or related events and activities, I represent that I am:

1. A participant who is at least 18 years of age; or
2. The parent or legally authorized representative permitted to sign this Waiver/Release on behalf of the minor player for whom this form is being submitted;

and acknowledge, appreciate and agree (including the minority participant, if applicable) that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest staff immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS LCEC, Inc, LCEC, Inc. and/or their officers, instructors, judges, representatives, volunteers and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

PARTICIPANTS NAME : _____

PARENT GUARDIAN NAME(S) _____

PARENT / GUARDIAN SIGNATURE: _____

DATE SIGNED _____

THE SIGNED WAIVER / RELEASE SHOULD BE KEPT ON FILE BY THE SPORTS ORGANIZATION FOR AT LEAST 7 YEARS AND POSSIBLY LONGER IF THE PARTICIPANT HAS CONTRACTED A SERIOUS ILLNESS.